Each of us has a spark of life inside us and our highest endeavor ought to be to set off the spark in one another.

Florence Nightingale

Public Health Nursing Preceptor Orientation Manual

Missouri Council for Public Health Nursing
Missouri Department of Health and Senior Services
Rev. 2019

The development of a competent future public health nursing workforce is strongly influenced by the nursing students' educational experiences. The responsibility for providing realistic, high quality public health nursing education is shared by both education and practice. Using currently employed public health nurses as preceptors for students is a successful strategy that increases the education/ practice partnership and benefits both the students and the preceptors.

The Missouri Department of Health & Senior Services Council for Public Health Nursing, created this handbook to assist preceptors and educators in developing preceptor programs for nursing students and nurses new to public health. The information in this handbook is intended to serve as a guide and should be adapted to meet the needs of the agency, student or employee, and school of nursing.

Special recognition is given to the Minnesota Department of Health, Center for Public Health Nursing. Their publication, *Linking Public Health Nursing Practice and Education to Promote Population Health, Preceptor Handbook*, was a model for this project. We appreciate their willingness to share their product and allow us to adapt it for use in Missouri.

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Benefits of a Public Health Preceptor Education Program Model

A preceptor education model provides the following benefits:

For Students

- Individual support and encouragement by a practicing professional
- Increased knowledge about public health and public health nursing as a specialty
- Creation of relationships that aid in the exchange of information and ideas
- Closer working relationships between faculty and affiliated agencies leading to improved access and understanding of community and agency
- Opportunities to apply curriculum resulting in increased confidence in non-traditional nursing skills and application of critical thinking decision making

For Preceptors

- Formal recognition of preceptor as a role model through increased opportunities to coach/mentor/teach others
- Gratification of advancing the practice of public health nursing by sharing knowledge and experiences
- Networking opportunities and support from other preceptors and faculty
- Opportunities to expand upon one's own skills and knowledge base
- Opportunities to influence change in workplace

For Public Health Agencies

- Increased clinical, communication and teaching skills of preceptor contribute to agency goals, including accreditation
- Commitment of preceptor as valued, knowledgeable member of the organization
- Recruitment of new public health nurse whose skills are known and recognized
- Retention of skilled public health nurses who seek to continue their professional development
- Creation of a relationship for exchange of information and ideas
- Closer working relationship between faculty and agency leading to improved access and understanding of community and agency by new public health nurses
- Opportunity to see public health issues with the fresh perspective of students through special projects, research, and publications

For Schools of Nursing

- Creation of a relationship with others for exchange of information and ideas
- Closer working relationship between faculty and agency leading to improved access and understanding of community and agency
- Increase interest in public health nursing as a career through research, special projects, and publications

For Communities

- Opportunity for the community to shape the future of the public health nursing workforce
- Increase awareness and utilization of public health services to the community

Preceptor Definition, Role and Qualifications

Definition

In the Minimum Standards for Approved Programs of Professional Nursing, the Missouri State Board of Nursing defines a preceptor as a "Registered professional nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member" (pg. 3).

The preceptor may be the primary day-to-day agency contact for the student or assist in connecting the student(s) with others in the agency. The agency and the faculty member should jointly decide on the specific arrangements for the preceptor-student relationship.

Preceptors can facilitate and guide students through experiences that are available both internally and externally; to include special projects, meetings, research, or publications. These experiences can be full or partial day experiences. Additionally, utilizing external partnerships within the community assist in ensuring the students received a well-rounded public health experience.

Preceptor Role

A preceptor fills three roles: nurturer, educator, and role model.

Preceptors guide and enhance the population-based learning of students by providing:

- Ideas
- Information & Resources
- Feedback

Qualifications/Desired Characteristics

- A passion for public health nursing and a desire to share the practice with others
- A strong knowledge of population-based and community-based public health nursing including community resources, partnerships and events
- Experience as a public health nurse with the ability to convey the essential components of the public health nursing role
- Effective verbal and written communication skills, including the ability to listen and ask questions
- Well organized and dependable: self-managed and autonomous
- Strong problem-solving skills with an emphasis on critical thinking
- Willingness to share professional values, beliefs, and skills with students

Preceptor Responsibilities

Preceptor Responsibilities

- Identify a variety of population-based and community-based learning opportunities for the student's clinical experience with agency administration, student(s), and faculty
- Collaborate with faculty in selection of specific educational experiences and the amount and type of supervision to be provided by faculty
- Assure ongoing communication with agency administration, faculty and student
- Provide orientation to facility and equipment to student and faculty
- Be available to student as determined, and contact student if unable to make a scheduled meeting
- Assist student in developing knowledge and skills for population-based and community-based practice
- Act as agency and community resource for the faculty
- Model professional practice
- Provide feedback regarding student's progress, identify problems, and suggest ways to resolve issues
- Evaluate the preceptor experience with the student and faculty member (as required by the school of nursing) and agency

Essential Differences Between a Preceptor and Mentor

Preceptor	Mentor
Relationship is relatively short, generally spans the duration of a course or student rotation. The formal relationship ends with the completion of defined requirements/project.	An intentional long-term, formal or informal relationship that encourages, supports and guides nurses to facilitate personal and professional growth. This relationship may be for a defined time or may extend indefinitely beyond the period of structured mentorship.
Relationship between preceptor and student is principally professional, more focused, and limited in scope.	Relationship between mentor and protégé is professional and personal, more global, intense, and very close.
Preceptor works with a small group or one-on-one with individual students and provides evaluation of the students' activities.	Mentor works one-on-one with a protégé but does not evaluate the mentee, the relationship is confidential.
Preceptor must possess excellent professional and teaching skills.	Mentor must possess excellent professional and teaching skills and may have achieved a high level of recognition within his/her professional field or agency.
Students benefit from the relationship and the preceptor reaps some rewards.	Both protégé and mentor reap significant rewards, with transformation of both parties.

Sachdeva, A. (1996). A Preceptorship, Mentorship, and the Adult Learner in Medical and Health Science, *MD Journal of Cancer Education*, 11(3).

Student Responsibilities

Responsibilities of the students include the following:

- Be present and active in learning experiences
- Assure ongoing communication related to learning needs and/or concerns or problems with preceptor and faculty member in a timely manner
- Explore a range of population-based and community-based learning opportunities with the preceptor and faculty
- Fulfill the learning goals, course objectives and assignments.
- If unable to make a scheduled meeting or activity, contact preceptor and faculty member at least 24 hours in advance and/or follows school of nursing policy
- Follow agency policies and procedures (including policies on confidentiality, documentation, transporting clients, building courtesy, dress code, etc.)
- Dress appropriately for all clinical experiences
- Treat all agency staff and clients with respect

Student Characteristics

Students vary in their cultural backgrounds, skills, knowledge, level of maturity, strengths and weaknesses etc. However, the following are typical characteristics of students:

Strengths	Weaknesses
Intelligent, culturally aware	Limited experience with client/patient contact and working with groups
Comfortable, occasionally overly so with communication skills related to technology	Limited communication skills
Enthusiastic	Limited team skills
Comfortable with technology	Untested work ethic
Usually follows directions well	May lack organization/prioritizing skills
Open to new ideas and opportunities	Unsure of abilities/idealistic-may not understand limitations posed by reality

Adapted from Missouri Department of Health & Senior Services, Program for Dietetic Interns. (2006), *Preceptor Training Resource Manual*. Missouri Department of Health & Senior Services.

Faculty and Nursing Program Responsibilities

Responsibilities of the school of nursing and faculty include the following:

- Communicate with agency and preceptor to determine agreement regarding the number of students, assigned schedule and any necessary contracts.
- Identify learning opportunities for student clinical experience with preceptor, agency administration, and student.
- Provide course objectives, syllabus, and attendance policies/expectations to agency and preceptor.
- Become oriented to the agency policies and procedures, facility and equipment.
- Collaborate with agency administration and preceptor regarding the amount and type of supervision to be provided by faculty to students.
- Assure ongoing communication with agency administration, preceptor and student.
- Provide support and feedback to the preceptor and student.
- Provide adequate supervision, guidance and evaluation of students.
- Provide documentation that the students and faculty have professional liability insurance coverage.
- Advise the agency as to the plan for student's emergency medical care while assigned to the agency.
- Assure memorandum of agreement between agency and School of Nursing is in place.
- Evaluate preceptor experience with agency administration and preceptor.
- Report benefits of preceptor program to stakeholders.
- Meet with agency staff before, during and following the education experience to evaluate the learning experience and plan for future experiences.

Agency Administration Responsibilities

Responsibilities of the agency include the following:

- Assure ongoing communication with student, faculty and preceptor
- Collaborate with faculty and preceptor to identify a range of learning opportunities for clinical experience
- Collaborate with faculty and school of nursing regarding the amount and type of supervision to be provided by faculty
- Provide orientation about policies and programs of the agency to the students and nursing faculty
- Assure students have been informed about HIPAA confidentiality requirements and have signed confidentiality statements
- Provide competent and qualified staff to be preceptors
- Support preceptor and provide resources to accommodate the student
- May provide agreed upon physical space for the faculty member and students to have conferences and workspace
- Provide regular evaluation of the preceptor program with the faculty member and preceptor
- Communicate benefits of preceptor program to governing and advisory boards

Guidelines for Memorandum of Agreement Between Agencies and Nursing Programs

The purpose of a memorandum of agreement between a nursing program and an agency is to define lines of authority and the professional responsibilities of the involved parties. The agreement is written and signed and should be reviewed regularly in accordance with the requirements of the agency and school of nursing.

The agreement should include:

- Parties involved in the agreement
- Responsibilities of the educational institution to include:
    - Descriptions of the clinical/course objective
    - Appropriate health clearance for each student
    - HIPAA training
    - CPR certification
    - Criminal background check
    - Validation of knowledge of blood-borne pathogen prevention
    - Proof of valid RN licensure (when applicable)
- Responsibilities of the local agency
    - Make available areas for student experiences (in and out of house opportunities as applicable)
    - Orientation to participating students and schools/universities related to rules and procedures
    - Assist with emergency health care to those who become ill or injured at a clinical (students and instructors will provide their own health care except in emergency situations)
- Responsibilities of the students
    - Collaborate with community providers as required by the agency
    - Provide updates and details about community education projects
- Joint responsibilities
- Liability coverage of faculty and students independent of the health agency
- Confidentiality Guidelines
- Notice necessary to terminate the agreement and
- Any other items needed for the protection of the client/family, students, local agency, and nursing program.

Suggested Content for Agency Student Policies

Policies are needed to avoid misunderstandings while students are working in an agency. Public health agencies and schools of nursing may already have policy guidelines in place. These guidelines may be substituted or included in current policies:

- Faculty contact information (phone numbers, e-mail addresses, etc.) and student names will be provided to agency staff. Agency staff contact information will be provided to faculty and students.
- A calendar for student activities will be accessible to students and agency staff.
- Students will follow agency policies (including policies on confidentiality, documentation, transporting clients, building courtesy, sign-in, use of equipment and supplies, use of telephones, and computers).
- The public health agency retains ultimate responsibility for the client and services provided. Students are accountable for their actions and for functioning within the role of student. Faculty members are responsible for making assignments consistent with the student's abilities, and to provide adequate supervision. Any concerns from the community or health department staff will be brought to the faculty.
- Agency/Preceptors will receive an orientation to the coursework for students (i.e., the course syllabus), course objectives, expected learning outcomes, and process for communicating progress toward their completion. Faculty may recommend methods to foster learning and offer suggestions in the teaching role.

Adapted from South Dakota State University, College of Nursing, Department of Undergraduate Nursing, *Preceptor Handbook*.

State Board of Nursing Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

20 CSR 2200-2.085 Preceptors
PURPOSE: This rule defines the utilization of preceptors.

(1) Preceptors may be used as role models, mentors, and supervisors of students in professional nursing programs—
(A) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving designated objectives of a nursing course;
(B) Preceptors shall not be utilized in fundamentals of nursing courses; and
(C) Preceptors shall supervise no more than two (2) students during any given shift. Supervision by a preceptor means that the preceptor is present and available to the student(s) in the clinical setting.

(2) Each nursing program shall have written policies for the use of preceptors which incorporate the criteria listed in this rule.

(3) Responsibilities of preceptors shall include:
(A) Possess current license to practice as a registered professional nurse with at least one (1) year experience in the area of clinical specialty for which the preceptor is used;
(B) Perform the responsibilities as determined by the nursing program; and
(C) Provide written documentation to faculty regarding the student's performance in relation to meeting designated course objectives.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:
(A) Select the preceptor in collaboration with the clinical site;
(B) Provide the preceptor with information as to the duties, roles, and responsibilities of the faculty, the student, and the preceptor including the communication processes;
(C) Provide the preceptor a copy of the objectives of the course in which the student is enrolled and directions for assisting the student to meet objectives specific to the clinical experience;
(D) Assume responsibility for each student's final evaluation and the assigning of a performance rating or grade;
(E) Be readily available to students and clinical preceptors during clinical learning experiences; and
(F) Periodic meetings with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

Essential Concepts for Students

The following concepts should be included in a course in public health nursing and reinforced by discussion and activities with the preceptor:

- Populations (vs. individual care) - esp. target population; vulnerable populations - what makes them vulnerable.
- Core Functions/10 Essential Services and the Public Health System-refer to the CDC's National Public Health Performance Standards. This can be accessed at: https://www.cdc.gov/nphpsp/essentialservices.html
- Use of epidemiology and surveillance systems in a local health agency.
- Program planning, outcomes, and evaluation.
- Collaboration with various community partners.
- Policy development - as related to local health agency and the community served; and as it relates to the program they are working on with their preceptor.
- Economics/Finances– as related to local health agency and the community served and projects they are working on with their preceptor.
- Roles of the public health nurse in a local agency including how nursing skills and knowledge are used.

Examples of Preceptor and Student Activities

Specific activities should be developed through dialogue between faculty, preceptor and student. Special emphasis should be placed on population-based practice and identification of interventions on a community and systems level of practice.

Examples of Activities

Have students keep a log of their hours, include a reflective portion that describes what they did, what their goals are, and any questions for the preceptors.

Utilize training activities and case studies, example: Missouri Council for Public Health Nursing educational activities, CDC, etc.

Have students set outcomes for their project(s) with their preceptor and formalize in an agreement or contract.

Review the global, national, local, sports, life, health, and business sections of a local or national newspaper

- Identify six public health issues in at least three sections.
- Describe the impact of each identified issue on public health.
- Identify the level of public health prevention related to the issue.
- Describe the impact on the community if public health intervention did not occur for the identified issue (e.g., premature deaths, intimate partner violence, unemployment, poor housing conditions, new manufacturing plant moving into the area, teen pregnancy, high school drop-outs, food recall, or heat-related sport illnesses).

Discuss agency philosophy, structure, policies and procedures within the context of population-based practice.

Discuss how programs/projects are funded and any related laws or legislation.

Share what is interesting/exciting about public health nursing. Describe a "typical" day and the most satisfying and most frustrating parts of the job.

Discuss trends and developments in public health you think will affect public health nursing in the future.

Discuss professional standards of public health nursing.

Refer to Cornerstones of Public Health Nursing (p. 16). Discuss differences between public health nursing role and other nursing roles.

Review with students what makes an intervention population-based (p. 23). Discuss how public health nurses work on all 3 levels of population-based practice (individual/family, community, and systems), and use the 17 public health interventions depicted on the Intervention Wheel (p.22).

Examples of population-based individual/family activities:

- Conduct a joint home visit (HV) with student and discuss individual focus within population-based practice,
- Check with student about his/her discomfort, anxiety. or fears of making home visits or conducting other public health activities,
- Discuss with student strategies to resolve discomfort (i.e., role-play an ideal first encounter, allow time for student to become familiar with any equipment, assessment tools, etc. to be used, level of supervision preceptor will provide).

Examples of population-based community and systems activities:

- Attend a community meeting with preceptor and discuss community or systems focus within population-based practice,
- Attend a community meeting with preceptor and discuss systems focus within population-based practice.

Schedule time for reflection with students around their activities. Let students in on your thought processes; alert them to potential difficulties and strategies to avoid problems.

Use the following questions to stimulate discussion before an activity:

- What is the most important aspect of the activity?
- How are you planning to approach the activity?
- What might be some barriers, obstacles, other considerations, pros and cons of various activities?
- Can you think of any other ways to approach this?

Use the following questions to stimulate discussion after an activity:

- What worked about your intervention? What made it work?
- What didn't work? What could you or someone else do differently?
- What are some other situations in which these experiences might apply?
- Explore/explain reasons for decisions.

Use stories to illustrate public health nursing interventions from the interactive activity *Wheel of Public Health Interventions*. A slide show of the interventions can be found at: http://www.people.vcu.edu/~elmiles/interventions/

Structure of Missouri's Public Health System

The governmental public health system includes government agencies at the federal, state, and local levels. Public health issues affecting the entire nation are managed by agencies such as the Centers for Disease Control and Prevention (CDC). Issues affecting the state are the responsibility of the Missouri Department of Health and Senior Services (MDHSS), and local issues are managed by local public health agencies (LPHAs). Each of the agencies may address the same issue but at a different scope and scale.

The governmental segment of the public health system works with multiple partners including other governmental agencies, nurses, physicians, hospitals, laboratories, schools, childcare providers, social service agencies, and faith and civic organizations. Through collaboration among these partners, a public health system exists to serve the residents of the United States and its territories.

Many agencies in the federal government interact with state health departments, both directly and indirectly. Some provide funding for projects within states and ultimately in local public health agencies. For example, funding for the WIC program comes from the US Department of Agriculture. Some of the money for the emergency preparedness and bio-terrorism response is distributed by the Centers for Disease Control and Prevention (CDC). And some agencies, like the US Department of Health and Human Services, provide guidance for development and implementation of policies such as the HIPAA regulations (the Health Insurance Portability and Accountability Act of 1996).

Funding for health services that originates at the level of the federal government comes from laws made by Congress. The money is then distributed by various agencies to the states to operate specific programs. States may add funds to some programs.

The Missouri Department of Health and Senior Services is one of 13 executive departments in Missouri state government, and the Department director is a member of the governor's cabinet. The Department has many legal and professional responsibilities, including inspection and licensing of facilities, data collection and analysis, emergency response, communicable disease control, public education, and laboratory services.

Other state agencies share public health responsibilities with MDHSS and are an important part of the public health system. For example, the Missouri Department of Natural Resources regulates public water supplies, provides air and water pollution control, and oversees solid and toxic waste management. The Missouri Department of Public Safety is responsible for highway and water safety programs and emergency management. In addition, the departments of Social Services, Mental Health, Agriculture, and Elementary and Secondary Education share responsibilities for many health-related programs and activities.

There are 114 LPHAs serving every county in the state. State statutes outline the responsibility and authority of LPHAs. Most LPHAs were formed under Chapter 205, Revised Statutes of

Missouri (RSMo), which permits the counties to pass a property tax measure to support local public health. This tax is often called a mill tax. These LPHAs have an elected Board of Trustees who set policy for their agencies. Agencies that do not have designated tax are supported by city and/or county general revenue. Locally elected bodies such as county commissions or city councils, govern these agencies.

Local public health agencies are autonomous and operate independently of the state and federal public health agencies. However, they are connected to MDHSS through contracts. MDHSS receives funds from CDC and other federal agencies. Much of the federal money, and funding from the state general revenue, is distributed to LPHAs. The LPHAs deliver most public health services and are the heart of Missouri's public health system. MDHSS provides technical support, laboratory services, a communication network, and other vital services to aid local efforts.

Directory of Local Public Health Agencies-Missouri
http://health.mo.gov/living/lpha/lphas.php

Map of Missouri's Local Agencies by Governance (local public health agencies)
As of February 2017
http://health.mo.gov/living/lpha/pdf/ColorMapLPHA.pdf

Missouri Department of Health and Senior Services: Overview Page (includes links to department division, organization charts, state boards, public information, etc.)
http://health.mo.gov/about/

Definition of Public Health Nursing

Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

1. Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention, and attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice. With a multi-level view of health, public health nursing action occurs through community applications of theory, evidence, and a commitment to health equity. In addition to what is put forward in this definition, public health nursing practice is guided by the American Nurses Association Public Health Nursing: Scope & Standards of Practice and the Quad Council of Public Health Nursing Organization' Core Competencies for Public Health Nurses. (American Public Health Association, 2013).

Elements of Practice

Key characteristics of practice include:

1) a focus on the health needs of an entire population, including inequities and the unique needs of sub-populations;

2) assessment of population health using a comprehensive, systematic approach;

3) attention to multiple determinants of health;

4) an emphasis on primary prevention; and

5) application of interventions at all levels—individuals, families, communities, and the systems that impact their health (American Public Health Association, 2013).

Public health nursing is a systematic process by which:

1. The health and health care needs of a population are assessed to identify subpopulations, families, and individuals who would benefit from health promotion, or who are at risk of illness, injury, disability or premature death.
2. A plan for intervention is developed with the community to meet identified needs that consider available resources, the range of activities that contribute to health, and the prevention of illness injury, disability, and premature death.
3. The plan is implemented effectively, efficiently and equitably.
4. Evaluations are conducted to determine the extent to which the intervention has an impact on the health status of individuals and the population.
5. The results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, state, and national health policy, and research to promote health and prevent disease

This systematic process is based on and is consistent with:

- Community strengths, needs and expectations;
- Current scientific knowledge;
- Available resources;
- Accepted criteria and standards of nursing practice;

- Agency purpose, philosophy and objectives; and
- The participation, cooperation, and understanding of the population.

Other services and organizations in the community are considered and planning is coordinated to maximize the effective use of resources and enhance outcomes.

The title "public health nurse" designates a nursing professional with educational preparation in public health and nursing science with a primary focus on population-level outcomes. The primary focus of public health nursing is to promote health and prevent disease for entire population groups. This may include assisting and providing care to individual members of the population. It also includes the identification of individuals who may not request care but who have health problems that put themselves and others in the community at risk, such as those with infectious diseases. The focus of public health nursing is not on providing direct care to individuals in community settings. Public health nurses support the provision of direct care through a process of evaluation and assessment of the needs of individuals in the context of their population group. Public health nurses work with other providers of care to plan, develop, and support systems and programs in the community to prevent problems and provide access to care.

Cornerstones of Public Health Nursing

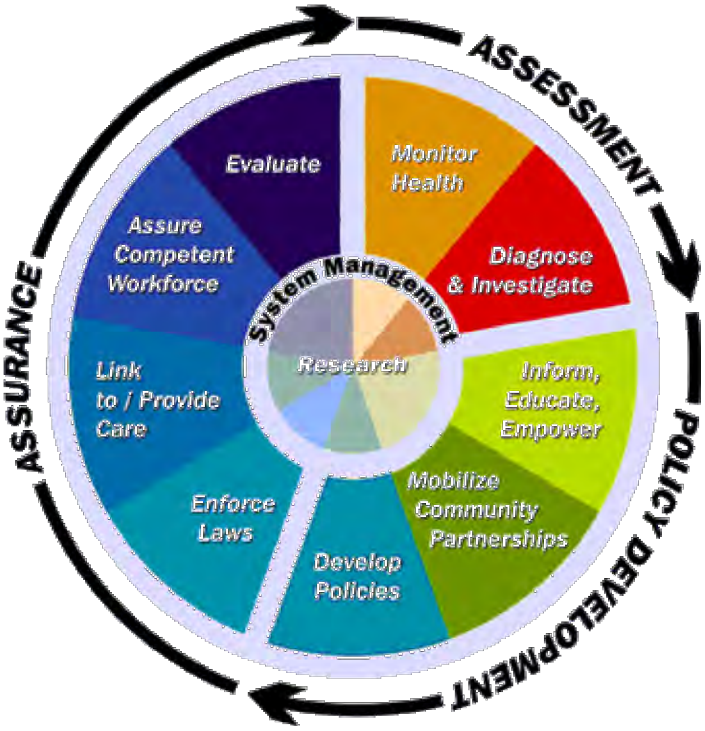
Public Health Nursing Practice:

- Focuses on the health of entire populations
- Reflects community priorities and needs
- Establishes caring relationships with communities, systems, individuals and families
- Grounded in social justice, compassion, sensitivity to diversity, and respect for the worth of all people, especially the vulnerable
- Encompasses mental, physical, emotional, social, spiritual, and environmental aspects of health
- Promotes health through strategies driven by epidemiological evidence
- Collaborates with community resources to achieve those strategies, but can and will work alone if necessary
- Derives its authority for independent action from the Nurse Practice Act

Cornerstones from Public Health	**Cornerstones from Nursing**
Population based	Relationship based
Grounded in social justice	Grounded in an ethic of caring
Focus on greater good	Sensitivity to diversity
Focus on health promotion and prevention	Holistic focus
Does what others cannot or will not	Respect for the worth of all
Driven by the science of epidemiology	Independent practice
Organizes community resources	
Long-term commitment to the community	

Office of Public Health Practice: Linking Public Health Nursing Practice and Education. St. Paul: Minnesota Department of Health. (2005). *Preceptor handbook*. 2nd ed. St. Paul, MN: Minnesota Department of Health.

Public Health Core Functions and Ten Essential Services



Essential Service #1: Monitor Health Status to Identify Community Health Problems
This service includes:

- Accurate, periodic assessment of the community's health status, including:
  - Identification of health risks and determination of health service needs.
  - Attention to the vital statistics and health status of groups that are at higher risk than the total population.
  - Identification of community assets and resources which support the local public health system (LPHS) in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community
This service includes:

- Epidemiologic investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats;
- Active infectious disease epidemiology programs;
- Access to a public health laboratory capable of conducting rapid screening and high-volume testing.

Essential Service #3: Inform, Educate, and Empower People about Health Issues

This service includes:

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health;
- Health communication plans and activities such as media advocacy and social marketing;
- Accessible health information and educational resources;
- Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems

This service includes:

- Building coalitions to draw upon the full range of potential human and material resources to improve community health;
- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts

This service includes:

- Effective local public health governance;
- Systematic community-level and state-level planning for health improvement in all jurisdictions;
- Alignment of LPHS resources and strategies with the community health improvement plan;
- Development of policy to protect the health of the public and to guide the practice of public health.

Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

This service includes:

- Enforcement of sanitary codes, especially in the food industry;
- Protection of drinking water supplies;
- Enforcement of clean air standards;
- Animal control and other ordinances;
- Follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings;
- Enforcement of regulations and rules governing institutional care and health service delivery (e.g., laboratories, nursing homes, and home health care providers)**;**
- Review of new drug, biologic, and medical device applications.

Essential Service # 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

This service includes:

- Assuring effective entry for persons with unmet healthcare needs into a coordinated system of clinical care;
- Culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups;
- Ongoing "care management";
- Transportation services;
- Targeted health education/promotion/disease prevention to high risk population groups.

Essential Service #8: Assure a Competent Public and Personal Health Care Workforce

This service includes:

- Education, training, and assessment of personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services;
- Efficient processes for licensure/credentialing of professionals;
- Adoption of continuous quality improvement and life-long learning programs;
- Active partnerships with professional training programs to assure community-relevant learning experiences for all students;
- Continuing education in management and leadership development programs for those charged with administrative/executive roles.

Essential Service # 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and population-based health services

This service includes:

- Assessing accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided;
- Providing information necessary for allocating resources and reshaping programs.

Essential Service #10: Research for New Insights and Innovative Solutions to Health Problems

This service includes:

- Full-continuum of innovative solutions to health problems ranging from practical field-based efforts to fostering change in public health practice, to more academic efforts to encourage new directions in scientific research;
- Continuous linkage with institutions of higher learning and research.

  Internal capacity to mount timely epidemiologic and health policy analyses and conduct health services research.

Examples of Public Health Nursing Activities for Essential Services

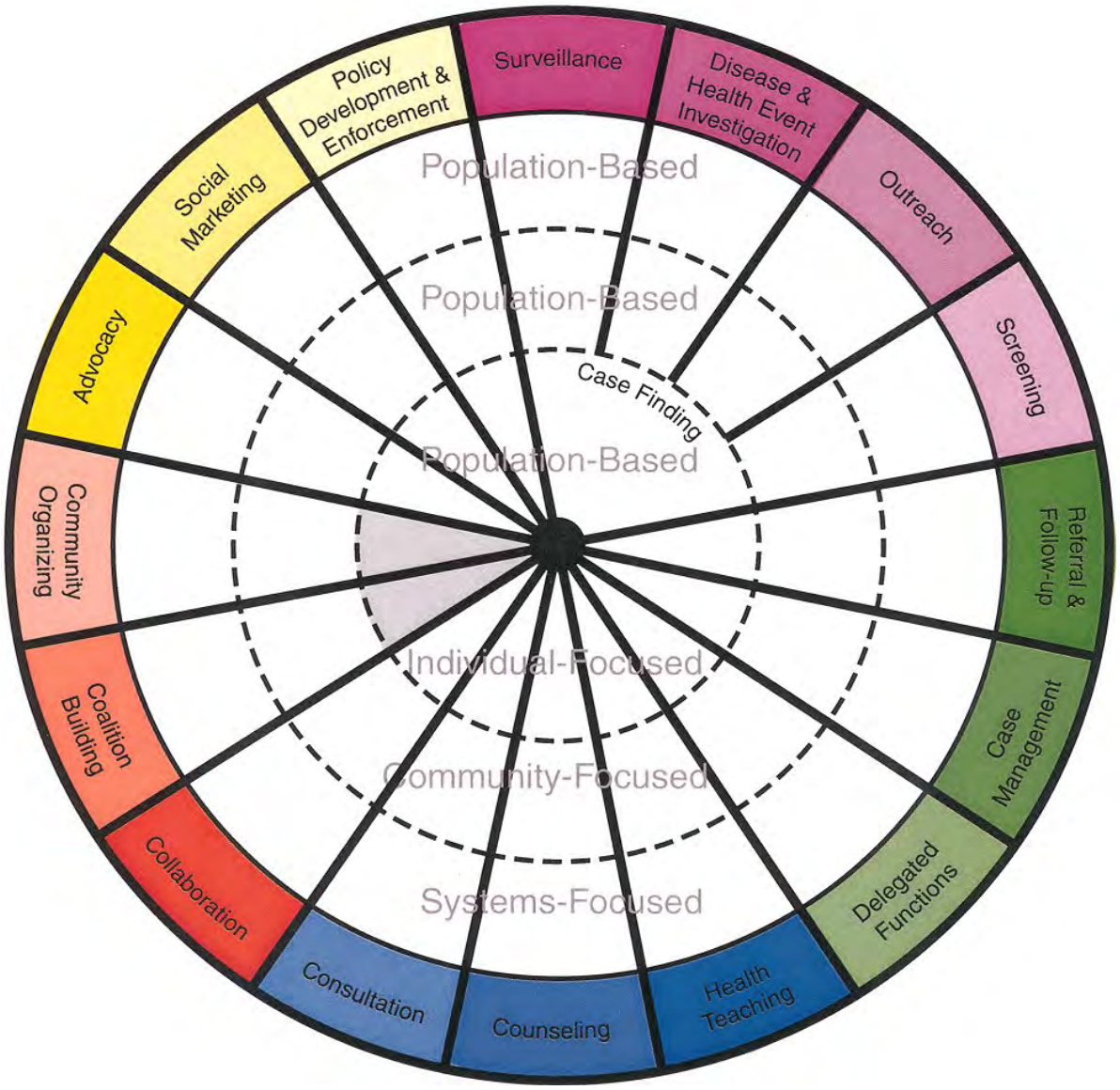
Essential Public Health Service	Public Health Nursing Activities
Monitor health status to identify community health problems	• Participate in community assessment • Review birth records to identify individuals or groups that may be at high risk • Identify potential environmental hazards
Diagnose and investigate health problems and health hazards in the community	• Understand and identify determinants of health & disease • Review and monitor communicable disease reports and participate in case identification and treatment of communicable diseases • Use knowledge of environmental health hazards when observing the community
Inform, educate, and empower	• Develop and implement educational plans for individuals and families • Provide information to policy makers about needs of special populations • Advocate for and with underserved and disadvantaged populations • Provide education about health and public health issues to the community
Mobilize partnerships to identify and solve health problems	• Form relationships and interact with providers in the community • Convene and participate in community groups to address needs of specials populations • Teach community members about health issues
Develop policies and plans that support individual and community health efforts	• Participate in community and family decision making • Provide information and advocate for the interests of special populations when developing policies • Develop programs and services to meet needs of high-risk populations • Participate in emergency response planning and training
Enforce laws and regulations	• Implement ordinances that protect the environment • Work with public health team to enforce food safety regulations • Regulate and support care and treatment of dependent populations such as children and elderly • Provide education to regulated facilities and providers such as child care facilities

Link people to needed personal health services and assure the provision of health care when otherwise unavailable	• Provide clinical preventive services to high-risk populations • Link clients and families to clinical care and other services in the community • Establish programs and services to meet special needs not available elsewhere in the community • Provide clinical surveillance and identification of communicable disease • Participate in provider coalitions and meetings to educate about community needs
Assure a competent workforce	• Participate in continuing education • Maintain patient record systems and community documents • Establish and maintain procedures and protocols for care • Develop or participate in quality assurance activities such as record audits and clinical guidelines
Evaluate Health Services	• Collect data and information on community interventions • Identify unserved and underserved populations in the community • Review and analyze data on the health status of the community • Conduct surveys or observe high-risk populations to evaluate needs
Research for new insights and innovative solutions to health problems	• Implement nontraditional interventions and programs • Participate in collection of information and research activities • Develop relationships with academic institutions and faculty • Use evidence-based information to make decisions

(Association of State and Territorial Directors of Nursing, 2000).

Minnesota Model of Public Health Interventions

Applications for Public Health Nursing Practice



March 2001

Minnesota Department of Health
Division of Community Health Services
Public Health Nursing Section

Population-Based Practice

A population is a collection of individuals who have one or more personal or environmental characteristics in common.

A **population-of-interest** is a population that is essentially healthy but who could improve factors which promote or protect health.
A **population-at-risk** is a population with a common identified risk factor or risk exposure that poses a threat to health.

Public health practice is population-based if it meets all the following criteria:

1. **Guided by an assessment of population health status**
   These criteria cannot be emphasized enough. All public health programs are based on the needs of the community, which are determined through an assessment of the community's health status. As communities change, so do community needs. As community needs change, so should public health programs. This is one of the reasons that community assessment is so important. Public health departments need to assess the health status of populations on an ongoing basis, so that public health programs respond appropriately to new and emerging problems, concerns, and opportunities.

2. **Focuses on entire populations possessing similar health concerns or characteristics**
   This means focusing on everyone who is actually or potentially affected by a health concern or who share similar characteristics. Population-based interventions are not limited to only those who seek service or who are poor or otherwise vulnerable. Population-based planning always begins by identifying everyone who is in the population-of-interest or the population-at-risk. For example, it is a core public health function to assure that *all* children are immunized against vaccine-preventable disease. Even though limited resources may compel public health departments to target programs toward those children known to be at risk for being under or unimmunized, the public health system remains accountable for the immunization status of the total population of children.

3. **Considers the broad determinants of health**
   A population-based approach examines all factors that promote or prevent health. It focuses on the entire range of factors, which determine health rather than just personal health risks or disease. Examples of health determinants include income and social status, housing, nutrition, employment and working conditions, social support networks, education, neighborhood safety and violence issues, physical environment, personal health practices and coping skills, cultural customs and values, and community capacity to support family and economic growth.

4. **Considers all levels of prevention, with a preference for primary prevention**

"Prevention is anticipatory action taken to prevent the occurrence of an event or to minimize its effect after it has occurred" (Williams, & Highriter, 1978). Not every event is preventable, but every event does have a preventable component. Thus, a population-based approach presumes that prevention may occur at any point - before a problem occurs, when a problem has begun but before signs and symptoms appear, or even after a problem has occurred. **Primary prevention** promotes health, such as building assets in youth, or keeps problems from occurring, for example, immunizing for vaccine-preventable diseases. **Secondary prevention** detects and treats problems early, such as screening for home safety, and correcting hazards before an injury occurs. **Tertiary prevention** keeps existing problems from getting worse; for instance, collaborating with health care providers to assure periodic examinations to prevent complications of diabetes such as blindness, renal disease failure, and limb amputation. **Whenever possible, public health programs emphasize primary prevention.**

5. **Considers all levels of practice**
   A population-based approach considers intervening at all possible levels of practice. Interventions may be directed at the entire population within a community, the systems that affect the health of those populations, and/or the individuals and families within those populations known to be at risk.

   - **Community-focused practice** changes community norms, attitudes, awareness, practices, and behaviors of the population-of-interest.
   - **Systems-focused practice** changes organizations, policies, laws, and power structures of the systems that affect health.
   - **Individual/family-focused practice** changes knowledge, attitudes, beliefs, values, practices, and behaviors of individuals, alone or as part of a family, class, or group.

Interventions at each of these levels of practice contribute to the overall goal of improving population health status. No one level of practice is more important than another; in fact, most public health problems are addressed at all three levels, often simultaneously. Public health professionals determine the most appropriate level(s) of practice, based on community need and the availability of effective strategies and resources. Interventions at each of these levels of practice contribute to the overall goal of improving population health status. Public health professionals determine the most appropriate level(s) of practice, based on community need and the availability of effective strategies and resources.

Consider, for example, smoking rates that continue to rise among the adolescent population. At the community level of practice, public health professionals coordinate "youth led, adult supported" social marketing campaigns intending to change the community norms regarding adolescents' tobacco use. At the systems level of practice, public health professionals facilitate community coalitions that advocate city councils to create stronger ordinances restricting over-the-counter youth access to tobacco. At the individual/family practice level, public health professionals teach middle school chemical health classes that increase knowledge about the risks of smoking, change attitudes toward tobacco use, and improve "refusal skills" among youth 12-14 years of age.

Definitions of Public Health Interventions

Interventions are actions taken on behalf of communities, systems, individuals, and families to improve or protect health status.

:

Advocacy pleads someone's cause or act on someone's behalf, with a focus on developing the community, system, individual or family's capacity to plead their own cause or act on their own behalf.

Case finding locates individuals and families with identified risk factors and connects them with resources.

Case management optimizes self-care capabilities of individuals and families and the capacity of systems and communities to coordinate and provide services.

Coalition building promotes and develops alliances among organizations or constituencies for a common purpose. It builds linkages, solves problems, and/or enhances local leadership to address health concerns.

Collaboration commits two or more persons or organizations to achieve a common goal through enhancing the capacity of one or more of the members to promote and protect health. [adapted from Henneman, Lee, and Cohen, 1995).

Community organizing helps community groups identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the goals they have collectively set. (Minkler, M., 1997).

Consultation seeks information and generates optional solutions to perceived problems or issues through interactive problem solving with a community, system, family or individual. The community, system, family or individual selects and acts on the option best meeting the circumstances.

Counseling establishes an interpersonal relationship with a community, a system, family or individual intended to increase or enhance their capacity for self-care and coping. Counseling engages the community, a system, family or individual at an emotional level.

Delegated functions are direct care tasks a registered professional nurse carries out under the authority of a health care practitioner as allowed by law. Delegated functions also include any direct care tasks a registered professional nurse entrusts to other appropriate personnel to perform.

Disease and other health event investigation systematically gathers and analyzes data regarding threats to the health of populations, ascertains the source of the threat, identifies cases and others at risk, and determines control measures.

Health teaching communicates facts, ideas and skills that change knowledge, attitudes, values, beliefs, behaviors, and practices of individuals, families, systems, and/or communities.

Outreach locates populations-of-interest or populations-at-risk and provides information about the nature of the concern, what can be done about it, and how services can be obtained.

Policy development places health issues on decision-makers' agendas, acquires a plan of resolution, and determines needed resources. Policy development results in laws, rules and regulations, ordinances, and policies.

Policy enforcement compels others to comply with the laws, rules, regulations, ordinances and policies created in conjunction with policy development.

Referral and follow-up assists individuals, families, groups, organizations, and/or communities to identify and access necessary resources to prevent or resolve problems or concerns.

Screening identifies individuals with unrecognized health risk factors or asymptomatic disease conditions in populations.

Social marketing utilizes commercial marketing principles and technologies for programs designed to influence the knowledge, attitudes, values, beliefs, behaviors, and practices of the population-of-interest.

Surveillance describes and monitors health events through ongoing and systematic collection, analysis, and interpretation of health data for planning, implementing, and evaluating public health interventions.

Levels of Practice

The ultimate goal of all levels of population-based practice is to improve population health. Public health interventions may be directed at entire populations within a community, the systems that affect the health of those populations, and/or individuals and families within those populations. Interventions at each of these levels of practice contribute to the overall goal of improving population health.

Population-based community-focused practice changes community norms, community attitudes, community awareness, community practices, and community behaviors. They are directed toward entire populations within the community or occasionally toward target groups within those populations. Community-focused practice is measured in terms of what proportion of the population changes.

Population-based systems-focused practice changes organizations, policies, laws, and power structures. The focus is not directly on individuals and communities but on the systems that impact health. Changing systems is often a more effective and long-lasting way to impact population health than requiring change from every single individual in a community.

Population-based individual-focused practice changes knowledge, attitudes, beliefs, practices, and behaviors of individuals. This practice level is directed at individuals, alone or as part of a family, class, or group. Individuals receive services because they are identified as belonging to a population-at-risk.

Public health professionals determine the most appropriate level(s) of practice, based on community need and the availability of effective strategies and resources. No one level of practice is more important than another; in fact, most public health problems are addressed at all three levels, often simultaneously.

(Minnesota Department of Health, 2005)

Levels of Prevention

"Prevention is anticipatory action taken to prevent the occurrence of an event or to minimize its effect after it has occurred" (Williams and Highriter, 1978). Not every event is preventable, but every event does have a preventable component. Prevention occurs at primary, secondary, and tertiary levels:

Primary prevention both promotes health and protects against threats to health. It keeps problems from occurring in the first place. It promotes resiliency and protective factors or reduces susceptibility and exposure to risk factors. Primary prevention is implemented before a problem develops. It targets essentially well populations.

Secondary prevention detects and treats problems in their early stages. It keeps problems from causing serious or long-term effects or from affecting others. It identifies risks or hazards and modifies, removes, or treats them before a problem becomes more serious. Secondary prevention is implemented after a problem has begun, but before signs and symptoms appear. It targets populations that have risk factors in common.

Tertiary prevention limits further negative effects from a problem. It keeps existing problems from getting worse. It alleviates the effects of disease and injury and restores individuals to their optimal level of functioning. Tertiary prevention is implemented after a disease or injury has occurred. It targets populations who have experienced disease or injury.

(Minnesota Department of Health, 2005)

Quad Council PHN Competencies

Finalized 4/13/2018

Quad Council Coalition Competency Review Task Force. (2018). Community/Public Health Nursing Competencies

The Quad Council of Public Health Nursing Organizations is an alliance of the four national nursing organizations that address public health nursing issues: The Association of Community Health Nurse Educators (ACHNE), the American Nurses Association's Congress on Nursing Practice and Economics (ANA), the American Public Health Association-Public Health Nursing Section (APHA), and the Association of State and Territorial Directors of Nursing (ASTDN). In 2000, prompted in part by work on educating the public health workforce being done under the leadership of the Centers for Disease Control (CDC), the Quad Council began work on drafting a set of national public health nursing competencies.

The approach utilized by the Quad Council was to start with the Council on Linkages between Academia and Public Health Practice (COL) "Core Competencies for Public Health Professionals" and to determine their application to two levels of public health nursing practice: the staff nurse/generalist role and the manager/specialist/consultant role. It was the Quad Council's intent to examine these COL competencies for their fit with public health nursing and to continue to identify and refine unique competencies for public health nursing. By selecting the COL competencies as the framework, the Quad Council felt that the competencies could provide a guide for agencies that employ public health nurses and academic settings to facilitate education, orientation, training and lifelong learning using an interdisciplinary model where appropriate.

The COL list of core competencies "represents ten years of work on this subject" by the fifteen-member organizations whose missions include improving public health education and practice. Over 1,000 public health professionals reviewed the list during a public comment period. "The Council utilized several mechanisms to receive feedback from reviewers, including e-mail, focus groups, sessions at various conferences and the competencies web site. The comments from public health professionals in a broad array of disciplines and practice settings led to this consensus set of core competencies for guiding public health workforce development efforts…The core competencies represent a set of skills, knowledge, and attitudes necessary for the broad practice of public health. They transcend the boundaries of the specific disciplines within public health and help to unify the profession" *(www.trainingfinder.org/competencies)*. The actual competency statements are the "property" of the COL and could not be modified by public health nursing or the Quad Council during the process of looking at applicability to public health nursing practice. The Quad Council's focus was on how public health nurses apply those competencies and the expected level of performance for each competency statement.

Nursing specific application of the competencies is necessary for specialized roles within public health nursing and the COL's competencies have been used as the framework to develop them. However, because the COL's list captures only the crosscutting competencies for all public health professionals, it does not contain competencies that are specific to public health *nursing*.
Note again: since the COL's competencies are for all public health professionals, even this

public health nursing specific draft does not include nursing competencies that are broader than public health (i.e., apply to many or all nurses.)

The "Quad Council PHN Competencies" document is designed for use with other documents. It complements the "Definition of Public Health Nursing" adopted by the APHA's Public Health Nursing Section in 1996 and the Scope and Standards of Public Health Nursing (Quad Council, 1999). Differentiating PHN competencies at the generalist and specialist levels will help to clarify the PHN specialty for both the discipline of nursing and the profession of public health. In addition, the ability to identify PHN competencies should facilitate collaboration among public health nurses and other public health professionals in education, practice and research to improve the public's health.

In developing the competencies, the Quad Council members concurred that the generalist level would reflect preparation at the baccalaureate level. While recognizing that in many states much of the public health nursing workforce is not baccalaureate-prepared, the Quad Council believes that those nurses may require job descriptions that reflect a different level of practice and/or may require extensive orientation and education to achieve the competencies identified herein. Further, the specialist level competencies described in this document reflect preparation at the master's level in community/public health nursing and/or public health. Again, while recognizing that there may be other public health nurses who are promoted or appointed to managerial or consultant positions that require specialist competencies, master's level education prepares public health nurses for the specialist level competencies identified in this document. At both levels, it is expected that a major focus of on the job training and continuing education for nurses hired for these positions who have less than a baccalaureate or master's degree (as appropriate to the level) will be on assuring that these competencies are attained.

The Quad Council determined that, although the Council on Linkages competencies were developed with the understanding that public health practice is population-focused and public health nursing is also population-focused, one of the unique contributions of public health nurses is the ability to apply these principles at the individual and family level *within the context of population-focused practice*. Therefore, many of the competency statements indicate a level of awareness, knowledge or proficiency at the individual/family level. Because of their population or system-focused language however, it was decided that several specific competency statements and three entire domains would not include application at the individual/family level: "Domain 5 - community dimensions of practice," "Domain 7 – financial planning and management skills," and "Domain 8 – leadership and systems thinking skills." Finally, it was recognized that "groups" are entities that can be addressed at the individual/family level and at the population/system level. Therefore, when PHNs use the group format primarily to convey information targeted to individual or family approaches to health issues (e.g., a group format is used to teach newly diagnosed diabetics about the importance of diet and exercise, but the information targets individuals), this represents an application at the individual/family level.

Finally, the Quad Council based this document on the following additional assumptions:

- public health nurses must first possess the competencies common to all baccalaureate prepared nurses (not addressed in this competency list) and then demonstrate these additional competencies specific to their roles in public health;

- the progression from awareness to knowledge to proficiency is a continuum, there are no discrete boundaries between those levels of competence (note that definitions of each of these three levels appear at the bottom of each page of the competencies list);
- both levels reflect competencies for a reasonably prudent PHN who has experience in the role (i.e., not a "novice" and not in a specialized or limited focus role);
- these competencies are intended to reflect the standard for public health nursing practice, not necessarily what is occurring in practice today; and
- in any practice setting the job descriptions may reflect components from each level, depending on the agency's structure, size, leadership and services.

In preparing this document, the Quad Council sought feedback on a draft of these competencies from nurses across the country who are members of one or more of its member organizations; more than 220 nurses, most of whom are directly involved in public health practice, provided specific comments on the draft. The Quad Council is grateful to all those public health nurses who took the time to review the draft and provide thoughtful comments. Their feedback was carefully considered in developing this final document.

Definitions of Practice Levels:
Awareness: Basic level of mastery of the competency. Individuals may be able to identify the concept or skill but have limited ability to perform the skill
Knowledge: Intermediate level of mastery of the competency. Individuals can apply and describe the skill.
Proficiency: Advanced level of mastery of the competency. Individuals can synthesize, critique or teach the skill.

Domain #1: Analytic Assessment Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Defines a problem	Proficiency	Knowledge	Proficiency	Proficiency
2.	Determines appropriate uses and limitations of both quantitative and qualitative data	Knowledge	Awareness	Proficiency	Proficiency
3.	Selects and defines variables relevant to defined public health problems	Knowledge	Knowledge	Proficiency	Proficiency
4.	Identifies relevant and appropriate data and information sources	Proficiency	Knowledge	Proficiency	Proficiency
5.	Evaluates the integrity and comparability of data and identifies gaps in data sources	Knowledge	Awareness	Proficiency	Proficiency
6.	Applies ethical principles to the collection, maintenance, use, and dissemination of data and information	Proficiency	Knowledge	Proficiency	Proficiency
7.	Partners with communities to attach meaning to collected quantitative and qualitative data	N/A (see Note 1)	Knowledge	N/A (see Note 1)	Proficiency
8.	Makes relevant inferences from quantitative and qualitative data	Knowledge	Awareness	Proficiency	Proficiency
9.	Obtains and interprets information regarding risks and benefits to the community	Knowledge	Knowledge	Proficiency	Proficiency
10.	Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies	Knowledge	Awareness	Proficiency	Proficiency
11.	Recognizes how the data illuminates ethical, political, scientific, economic, and overall public health issues	Knowledge	Awareness	Proficiency	Proficiency

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Domain #2: Policy Development/Program Planning Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Collects, summarizes, and interprets information relevant to an issue	Knowledge	Awareness	Proficiency	Proficiency
2.	States policy options and writes clear and concise policy statements	Awareness	Awareness	Proficiency	Proficiency
3.	Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs	Knowledge	Knowledge	Proficiency	Proficiency
4.	Articulates the health, fiscal, administrative, legal, social, and political implications of each policy option	Awareness	Awareness	Proficiency	Proficiency
5.	States the feasibility and expected outcomes of each policy option	Awareness	Awareness	Proficiency	Proficiency
6.	Utilizes current techniques in decision analysis and health planning	Knowledge	Awareness	Proficiency	Proficiency
7.	Decides on the appropriate course of action	Knowledge	Awareness	Proficiency	Proficiency
8.	Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps	Knowledge	Awareness	Proficiency	Proficiency
9.	Translates policy into organizational plans, structures, and programs	N/A (see Note 1)	Awareness	N/A (see Note 1)	Proficiency
10.	Prepares and implements emergency response plans	Knowledge	Knowledge	Proficiency	Proficiency
11.	Develops mechanisms to monitor and evaluate programs for their effectiveness and quality	Knowledge	Knowledge	Proficiency	Proficiency

Definitions of Practice Levels:
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Domain #3: Communication Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Communicates effectively both in writing and orally, or in other ways	Proficiency	Knowledge	Proficiency	Proficiency
2.	Solicits input from individuals and organizations	Proficiency	Knowledge	Proficiency	Proficiency
3.	Advocates for public health programs and resources	Proficiency	Knowledge	Proficiency	Proficiency
4.	Leads and participates in groups to address specific issues	Proficiency	Knowledge	Proficiency	Proficiency
5.	Uses the media, advanced technologies, and community networks to communicate information	Knowledge	Awareness	Knowledge*	Knowledge*
				* reflects ability to determine need for and to utilize experts in these areas	
6.	Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences	Knowledge	Knowledge	Proficiency	Proficiency
7.	Attitudes: Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives	Proficiency	Proficiency	Proficiency	Proficiency

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Domain #4: Cultural Competency Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences	Proficiency	Proficiency	Proficiency	Proficiency
2.	Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services	Knowledge	Knowledge	Proficiency	Proficiency
3.	Develops and adapts approaches to problems that consider cultural differences	Proficiency	Knowledge	Proficiency	Proficiency
4.	Attitudes: Understands the dynamic forces contributing to cultural diversity	N/A (see Note 1)	Knowledge	N/A (see Note 1)	Proficiency
5.	Attitudes: Understands the importance of a diverse public health workforce	N/A (see Note 1)	Knowledge	N/A (see Note 1)	Proficiency

Definitions of Practice Levels:

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Domain #5: Community Dimensions of Practice Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Establishes and maintains linkages with key stakeholders		Knowledge		Proficiency
2.	Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships		Knowledge		Proficiency
3.	Collaborates with community partners to promote the health of the population		Knowledge		Proficiency
4.	Identifies how public and private organizations operate within a community		Knowledge		Proficiency
5.	Accomplishes effective community engagements		Knowledge		Proficiency
6.	Identifies community assets and available resources		Knowledge		Proficiency
7.	Develops, implements, and evaluates a community public health assessment		Knowledge		Proficiency
8.	Describes the role of government in the delivery of community health services		Knowledge		Proficiency

Definitions of Practice Levels:
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Domain #6: Basic Public Health Sciences Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Identifies the individual's and organization's responsibilities within the context of the Essential Public Health Services and core functions	Knowledge	Knowledge	Proficiency	Proficiency
2.	Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services	Knowledge	Knowledge	Proficiency	Proficiency
3.	Understands the historical development, structure, and interaction of public health and health	Knowledge	Knowledge	Proficiency	Proficiency
4.	Identifies and applies basic research methods used in public health	Awareness	Awareness	Knowledge	Knowledge
5.	Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries	Awareness	Awareness	Knowledge	Knowledge
6.	Identifies and retrieves current relevant scientific evidence	Knowledge	Knowledge	Proficiency	Proficiency
7.	Identifies the limitations of research and the importance of observations and interrelationships	Awareness	Awareness	Knowledge	Knowledge
8.	Attitudes: Develops a lifelong commitment to rigorous critical thinking	Proficiency	Proficiency	Proficiency	Proficiency

Definitions of Practice Levels:

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Proficiency: Advanced level of mastery of the competency. Individuals can synthesize, critique or teach the skill.

Domain #7: Financial Planning and Management Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Develops and presents a budget		Awareness		Proficiency
2.	Manages programs within budget constraints		Knowledge		Proficiency
3.	Applies budget processes		Awareness		Proficiency
4.	Develops strategies for determining budget priorities		Awareness		Proficiency
5.	Monitors program performance		Knowledge		Proficiency
6.	Prepares proposals for funding from external sources		Awareness		Proficiency
7.	Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts		Knowledge		Proficiency
8.	Manages information systems for collection, retrieval, and use of data for decision-making		Awareness		Proficiency
9.	Negotiates and develops contracts and other documents for the provision of population-based services		Awareness		Proficiency
10.	Conducts cost-effectiveness, cost-benefit, and cost utility analyses		Awareness		Proficiency

Definitions of Practice Levels:
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Domain #8: Leadership and Systems Thinking Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Creates a culture of ethical standards within organizations and communities		Knowledge		Proficiency
2.	Helps create key values and shared vision and uses these principles to guide action		Knowledge		Proficiency
3.	Identifies internal and external issues that may impact delivery of essential public health services (i.e. strategic planning)		Knowledge		Proficiency
4.	Facilitates collaboration with internal and external groups to ensure participation of key stakeholders		Knowledge		Proficiency
5.	Promotes team and organizational learning		Knowledge		Proficiency
6.	Contributes to development, implementation, and monitoring of organizational performance standards		Knowledge		Proficiency
7.	Uses the legal and political system to effect change		Knowledge		Proficiency
8.	Applies theory of organizational structures to professional practice		Awareness		Proficiency

Note 1: (applicable to Domains 1, 2 and 4) These competencies, because of their population or system-focused language, do not apply at the individual/family level, but are applicable to the broader context of population-focused public health services and systems.

Definitions of Practice Levels:

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Resource List

Public Health Nursing Information

Heartland Center for Population Health and Community Systems Development Learning Management System

Website https://heartlandcenters.com/learning-management-system/ includes a wide variety of learning modules. Recommended training includes:

- *Learning with Lily: Introduction to Public Health Nursing* an introduction to basic public health nursing concepts to newly-hired nurses or students. (also available on CD from the DHSS, Center for Local Public Health Services, 573-751-6170)
- *Public Health Nurse Ready* module includes concepts for nurses new to public health and reflect the new core public health nursing competencies set forth by the Quad Council of Public Health Nursing Organizations.
- *Public Health Nursing Orientation Training contains* four modules and is provided by the Pacific Public Health Training Center through the Heartland Center.

Missouri Department of Health & Senior Services, Council for Public Health Nursing

Website https://health.mo.gov/living/lpha/phnursing/cphn.php includes a downloadable brochure and power point presentation about public health nursing.

Public Health Interventions Wheel and Population-Based Public Health Nursing Resources and Tools available at https://www.health.state.mn.us/communities/practice/ta/phnconsultants/guide-phn.html#v

Public Health Nursing Manual, Department of Health & Senior Services (DHSS), A web-based manual published that contains information about public health nursing in Missouri available at https://health.mo.gov/living/lpha/phnursing/pdf/phn-manual.pdf

Scope & Standards of Public Health Nursing available from the American Nurses Association at https://www.nursingworld.org/nurses-books/public-health-nursing--scope--standards-of-practice-2nd-edition/

Public Health Information

#Healthier MO

An initiative designed to transform our current public health system into a stronger, sustainable, culturally relevant and responsive system that can meet the challenges of our diverse communities. Informational video available at: https://www.youtube.com/watch?v=pzTdB5y0BJk&t=4s

Better Health. Better Missouri Video

3-minute video explains what public health does. Available at https://youtu.be/nFvpb3N-EX4

Public Health Works Manual
A web-based manual that is designed to serve as a resource for Boards of Health, County Commissions, and local public health agency administrators. It provides basic information about several topics related to health agency administration, as well as links to more detailed documents and other related websites. Available at https://health.mo.gov/living/lpha/phworks/publichealthworks.pdf

Strengthening Missouri's Public Health System
A booklet developed by the DHSS, Center for Local Public Health Services that explains public health, the public health system and the core functions of public health https://health.mo.gov/living/lpha/pdf/strengthph.pdf

Introduction to Epidemiology (EPI for Everyone)
An interactive CD program that contains basic information about the science of epidemiology. Available from DHSS, Center for Local Public Health Services at https://health.mo.gov/training/epi/pdf/resourcelist.pdf. Call 573-751-6170 to request a free copy.

Data & Statistical Reports

MICA - (Missouri Information for Community Assessment)
Missouri Information for Community Assessment (MICA) is an interactive system that allows the user to create and download tables, based on selected variables from various data files. Available at https://healthapps.dhss.mo.gov/MoPhims/MOPHIMSHome

Community Data Profiles
Community data profiles are available on various subject areas such as cause of death, chronic diseases, unintentional injuries, prenatal and others. Each community data profile table provides data on 15-30 indicators for each county/city selected. Information provided includes the number of events, county/city rate, statistical significance, quintile ranking and the state rate. Available at https://healthapps.dhss.mo.gov/MoPhims/ProfileHome

Web Resources

Centers for Disease Control & Prevention (CDC) http://www.cdc.gov/

Missouri Department of Health and Senior Services (DHSS) https://health.mo.gov/index.php

Missouri Ethics Commission https://mec.mo.gov/

Missouri General Assembly https://www.mo.gov/government/legislative-branch/

Missouri State Board of Professional Registration https://pr.mo.gov/

Missouri State Government Home Page https://www.mo.gov/

Public Health Organizations

National Association of Local Boards of Health (NALBOH) http://www.nalboh.org/

National Association of City County Health Officers (NACCHO) http://www.naccho.org/

American Public Health Association (APHA) http://www.apha.org/

Association of State & Territorial Health Officers (ASTHO) http://www.astho.org/

Missouri Association of Local Public Health Agencies (MoALPHA) http://www.moalpha.org/

Missouri Institute of Community Health (MICH) http://www.michweb.org/

Missouri Public Health Association (MPHA) http://www.mopha.org/

Evaluation Tools

Guide to Community Preventive Services http://www.thecommunityguide.org

Health Insurance Portability and Accountability Act of 1996 https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996

Missouri Voluntary Local Public Health Agency Accreditation Program http://michweb.org/

National Public Health Performance Standards Program https://www.cdc.gov/nphpsp/PDF/FactSheet.pdf

Laws and Rules

Chapter 70, RSMo (Contractually created agencies http://revisor.mo.gov/main/OneChapter.aspx?chapter=70

Chapter 192, RSMo (County Commission created local public health agencies) http://revisor.mo.gov/main/OneChapter.aspx?chapter=192

Chapter 205, RSMo (Identifies Board duties and powers) http://revisor.mo.gov/main/OneChapter.aspx?chapter=205

Section 192.300 RSMo (Provides for Boards of Trustees and County Commissions to enact local ordinances for their jurisdiction)

http://revisor.mo.gov/main/OneSection.aspx?section=192.300&bid=9767&hl=

Legal Expense Fund http://www.moga.mo.gov/statutes/C100-199/1050000711.
http://www.moga.mo.gov/statutes/C100-199/1050000712.
http://www.moga.mo.gov/statutes/C100-199/1050000716.
http://www.moga.mo.gov/statutes/C100-199/1050000726.

Missouri Open Meetings and Records Law (Sunshine)
https://ago.mo.gov/missouri-law/sunshine-law

Other

Missouri Department of Health and Senior Services Public Health Nursing Manual
https://health.mo.gov/living/lpha/phnursing/

Missouri Department of Health and Senior Services Resources (Local Public Health Agencies Infrastructure Report, Financial Review, Contract Information and numerous other Publications)
https://health.mo.gov/living/lpha/lphas.php

Missouri Local Public Health Agencies by Governance map
https://health.mo.gov/living/lpha/pdf/ColorMapLPHA.pdf

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Case Studies for New Public Health Nurses and Nursing Students

Tuberculosis Case Study

In the United States, local public health agencies have a legal responsibility for the prevention and control of Tuberculosis (TB) in their communities.

You are the nurse for the walk-in clinic at your local public health department. What is TB? What is the test for Tuberculosis? What would indicate positive or negative? Does having a positive TB test mean that he has an active TB infection-how would you explain this to him?

A 35-year old gentleman, Sam, comes in to have his TB skin test read. You notice on his TB screening tool that he had marked he had never had a TB test done before. You see there is redness and an induration measuring 14 mm. A second nurse verifies 14 mm induration. During your interview, you learn that he is getting the TB test for employment and he has never been around anyone with TB. He is from Ghana and has been in the United States for 3 years. What makes Sam's TB test result positive?

Sam mentions he has had flu-like symptoms for about a month that he wishes would go away because he is getting ready to start a new job. You question him about his symptoms and he says he is coughing up phlegm, has been running a fever, has night sweats, has lost 20 pounds, and has noticed increasing shortness of breath for the past 1-2 months. He has a pregnant wife at home as well as a 2-year-old son. Neither has been ill. You educate Sam about the symptoms of TB. What would be your next step?

Sam has a chest x-ray completed later that day. You receive the chest x-ray results the next day which indicate abnormalities, showing a cavitary lesion. You have conferred with the physician and verified the TB diagnosis. What is your next step? What is the treatment regimen?

Sam was notified by phone the day TB was diagnosed and he is now quarantined to his home. You plan a home visit the day after his TB diagnosis to perform an in-depth interview and initiate a contact investigation. What personal protective equipment would you need? Who are his contacts? In general, how would you prioritize contacts (high to low) that need testing? What is the infection transmission period?

Sam is now anxious to know how long he will be quarantined. What criteria does Sam have to meet before he is considered non-infectious?

You give Sam's wife and child TB skin tests and they return 2 days later to get the test results read. Sam's wife, who is pregnant, has induration of 16 mm, but the 2-year-old son has no induration. What are the next steps for Sam's wife? At this time, are there any additional steps needed for the son?

What is the time frame (window) for TB prophylaxis? Do the wife or son need window prophylaxis treatment? Why or why not?

The wife's CXR is normal, therefore she needs latent TB (LTBI) treatment. The family is now confused about active and latent TB. What are the differences? In the U. S., do those with active TB have to take treatment? What about those diagnosed with LTBI, do they have to take treatment? What are the treatment regimen options for LTBI?

Your client tells you he is the sole income for the family and does not have money for all the treatments needed. What resources are available? Why is it important for Sam and his family to adhere to the treatment regimen? What is direct observation therapy (DOT)?

What is the prevalence of TB in the United States (hint: review the Missouri Department of Health and Senior Services or CDC website)?

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Safe Sleep Module/ Case Study

Please research and answer questions accordingly. You may look online or ask the respective personnel at the health department for guidance.

In preparation for completing this module, please visit the Safe to Sleep Campaign on the NIH website. Watch the Safe to Sleep video and review the webinar power point. https://www.nichd.nih.gov/sts/news/videos/Pages/default.aspx

You are the nurse and a pregnant female enters the health department. Emily Smith is 33 weeks pregnant, is unemployed and lives with her boyfriend. She learns about WIC from a friend who recently had a baby. What does WIC stand for? What services does WIC provide? Who is eligible for WIC?

During a WIC appointment, Emily mentions that she does not have money to obtain a crib. She states that the baby was going to sleep with her and her boyfriend in an adult bed. What resources are available that you could offer Emily? What materials could you provide Emily with to share with her family?

After Emily fills out the safe sleep referral form and has left, you notice there are several questions left unanswered. You decide to call Emily to obtain the necessary answers. She then asks you how the safe sleep program works. What do you tell her?

After sending in the referral form at 35 weeks to DHSS, it is approved, and a crib arrives 3 weeks later. You set up the first assessment visit. Emily decides to come to the health department to pick up the crib. What are some things you would mention in regard to safe sleep?

At the initial visit, Emily tells you she is to be induced in 1 week. 6 weeks later you decide to schedule the follow-up visit at the client's home. At this visit, you notice the client's home appears to be very old, paint is peeling, and the thermostat reads 95 degrees. You ask how old the home is and Emily states she thinks it was built in 1970. You notice a 2 year-old watching television. You also notice the baby is sleeping on his stomach wrapped in a blanket. What would be your next action?

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Rabies Case Study

Use the Missouri Department of Health and Senior Services Rabies website (**http://health.mo.gov/living/healthcondiseases/communicable/rabies/index.php?style=mobile2**) to complete the case study.

A client calls the health department and indicates they have been bitten by a kitten that does not belong to them and wants to know if she is going to get rabies.

What should the health provider know about rabies?
What is important to know about rabies testing?
Locate the state rabies map and identify the areas and types of animals that have the highest rate of positive rabies at this time.
What questions should be asked initially:
About the animal?
About the person who received the bite?
Bonus: what about police involvement?

The client indicated they did call the police and a report was made. She went to the doctor's office and was instructed to keep the area clean and use antibiotic cream. She was also given a Td vaccination. The client wants to know more about rabies shots for people. The client does not want to have the animal killed as it is a neighbor girl's pet. What would the appropriate response to the client be?

The description of the animal was obtained, and the neighbor's contact information was provided. You call the neighbor who indicates the kitten does not belong to them; it is a stray. When asked whether the kitten is still around, the neighbor indicated she sees it every night when it comes to her house and she feeds it. What information should the public health nurse provide?

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Communicable Disease Case Study

Use the following information sites to complete this module:
http://health.mo.gov/living/healthcondiseases/communicable/
http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/index.php
http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/reportablediseaselist1.pdf
https://www.cdc.gov/hepatitis/HCV/index.htm

1. You are the office nurse at the health department responsible for communicable disease surveillance. One of the school nurses mentions in a passing conversation that she had a child come in with a dog bite that they received over the weekend. What are your responsibilities as a public health nurse? What will you advise the school nurse to do? What do you tell the school nurse when she asks about HIPAA and sharing this information?

2. There has been a case of shigellosis reported in a local day care. When does this need to be reported to the state and within what time frame? What is Shigellosis? What education and parent education do you provide to the day care?

3. A client comes into the health department and has been watching the recent television commercials about Hepatitis C. What information will the public health nurse provide to the client? Include risk factors, signs and symptoms, testing, treatment. What is important for health care providers to know when working with these clients?

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Child Passenger Safety Case Study

Using the following websites, complete this case study.
Car seat recalls
https://www-odi.nhtsa.dot.gov/owners/SearchSafetyIssues
Parents Central-NHTSA (National Highway Traffic Safety Administration)
https://www.safercar.gov/parents/
Safe Kids
https://www.safekids.org/front
4Steps 4 Kids
https://www.nhtsa.gov/DOT/NHTSA/Traffic%20Injury%20Control/.../4StepsFlyer.pdf
https://archive.org/details/Nhtsa4StepsForKidsInstructionalVideos

A public health nurse would like to become a certified child passenger safety technician. What are the requirements for certification?

1. A pregnant client comes to your health department. She wants to know what car seats would be appropriate for her newborn baby and her 4-year-old child and who could help her install them properly in her car. What information would you provide? Where can the client get information about ease of use ratings for car seats?

2. Your client wonders if she could reuse a car seat given to her by a friend. What are concerns with used car seat?

3. A client brings in car seats to be checked for use. The information for each seat follows. Indicate if the car seat can be used, why or why not.

1: Manufacturer-Cosco/Dorel, Model-Scenara, Date of Manufacture 5/23/2011

2: Manufacturer-Britax Advocate ClickTight, Model-E9LT95Z Date of Manufacture 6/15/2015

3: Manufacturer-Cosco Scenera, Model: 22156, Date of Manufacture 10-31-2016

Additional information:
https://one.nhtsa.gov/Laws-&-Regulations/Child-Passenger-Safety
https://one.nhtsa.gov/Laws-&-Regulations/Child-Passenger-Safety/Regulations-Safety-Standards-and-Safety-Rating-Program-for-Child-Restraint-Systems

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Vaccine Preventable Disease Case Studies

For the following case studies, you may refer to the CDC Immunization site for schedules, vaccine information sheets (VIS), and related education: the Missouri Department of Health and Senior Services also has helpful information. You can locate the information by clicking the links below:
CDC: https://www.cdc.gov/vaccines/index.html
Missouri Department of Health and Senior Services:
General immunizations page: http://health.mo.gov/living/wellness/immunizations/
Immunization schedules: http://health.mo.gov/living/wellness/immunizations/schedules.php

Zoe Ackerman

Zoe is a 3-year-old child whom presents to the immunization clinic on 12/15/2015 with the following record:

DTaP- 6/13/12; 8/2/12
Polio- 7/2/12
Hib- 6/13/12
PCV 13- 7/2/12; 8/2/12

What vaccines would be due?

In speaking with Amy (Zoe's mom) you find her to be very vaccine-hesitant, she only wants to give Zoe three shots today. She has asked you to decide which vaccines would be most important for her to receive at today's visit. What education would you provide her with about the importance of all vaccines. How would you address the risk of delaying any vaccine?

Based on the information you provided, Amy has decided to give Zoe all vaccines for which she is due. When would she need to return for her next set of immunizations? What would she be due for at that visit? Would Zoe need any more doses of Hib or PCV 13 vaccine?

What important information would you need to provide Amy about the vaccines Zoe will receive today? (i.e. possible vaccine side effects)

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Toby Williams

Toby (DOB: 6/1/2000) is a 16-year-old male who presents to the immunization clinic on 11/14/2016 with the following immunization record:

DTaP- 8/7/00; 11/12/00; 2/4/01; 7/10/01; 6/25/05
TDaP- 12/2/12
Polio- 8/7/00; 11/12/00; 7/10/01; 6/25/05
Hep B- 6/2/00; 8/7/00; 2/4/01
Hib- 8/7/00; 11/12/00; 2/4/01; 7/10/01
PCV 13- 8/7/00; 2/4/01; 7/10/01
MMR- 7/10/01; 6/25/05
Varicella- 7/10/01
MCV4- 6/8/14
HPV- 6/8/14
Hep A- 8/15/01; 6/8/14

What vaccine(s) are due?

Toby's mom Jennifer asks if all those vaccines are required for school. What education would you provide about recommended verses required vaccines?

Toby's mom is confused about why he needs two different vaccines for meningitis, what education should you provide her and Toby?

HPV has two different schedules based on an adolescent's age, what are they? Which schedule should Toby be on and why?

When would Toby need to return? What vaccine(s) would be due?

Ryan Johnson

Ryan (DOB: 8/4/2004) is an 11-year-old male who presents to the immunization clinic on 10/29/2015 with the following immunization record:

DTaP- 10/12/04; 12/20/04; 2/6/05; 8/12/05; 9/17/09
Polio- 10/12/04; 12/20/04; 2/6/05; 9/17/09
Hep B- 8/4/04; 10/12/04; 02/6/05
Hib- 10/12/04; 12/20/04; 02/6/05; 8/12/05
PCV 13- 10/12/04; 12/20/04; 2/6/05; 8/12/05
MMR- 8/12/05; 9/17/09
Varicella- 8/12/05

Which vaccine(s) would be due for Ryan today?

Ryan's mom Kathy is unsure if she wants to give him the HPV vaccine based on things she has heard from family and friends and has seen on social media. What education can you provide her about how HPV affects the male population? Why is it important to vaccinate adolescents with this vaccine at an early age?

The information you provided helped Kathy agree to the HPV vaccine for her son. What is the recommended HPV schedule for adolescents aged 9-14 years?

When would Ryan need to return? What vaccine(s) would be due?

Jose Rodriguez

Jose (DOB: 9/4/2007) is an 8-year-old male who just arrived in the U.S. He presents to the immunization clinic on 8/10/2016 with the following record from Mexico:

DTaP- 11/8/07; 1/13/08
Poliomyelitis- 11/8/07; 12/15/07; 1/13/08; 6/20/08; 12/4/09
Hep B- 8/6/08
SRP- 9/6/07

What vaccine(s) would be due today?

You find Jose has received 5 polio vaccines already, based on Missouri school requirements would he need an additional dose? Why or why not?

Jose and his family were sent to the clinic from his new school to receive all required immunizations before he can begin school. You find that the family speaks very little English and you do not have a translator available, what are some resources you can think of to help you communicate with his family?

Where would you find Spanish Vaccine information sheets to give to the family?

What document would you need to include with his immunization record to allow for school entry?

When would Jose need to return for his next set of vaccines? What vaccine(s) would he get on that day?

During the visit you find Jose needs a physical, but you don't have a doctor on staff and he does not have insurance, what community resources could you provide to help his family get him in school?

Mila Scott

Mila (DOB: 5/20/16) is a 6-month-old child whom presents to the immunization clinic on 12/10/2016 with the following record:

DTaP/Polio/Hib- 7/15/16; 9/15/16
Hep B- 5/20/2016; 9/15/16
PCV 13- 7/15/16; 9/15/16
Rotavirus- 7/15/16; 9/15/16

What vaccine(s) would be due today?

There are two different Rotavirus vaccines; Rotarix is a 2-dose vaccine by GSK and RotaTeq is a 3-dose vaccine from Merck. The record provided does not specify which vaccine was previously given, what should you do?

When would Mila need to return? What vaccine(s) would be due?

What important information would you need to provide about the vaccines Mila will receive today? (i.e. possible vaccine side effects)

During Mila's visit today, you find out that her dad recently lost his job. The family now has no insurance and mom has expressed concern about their current financial situation. What are some community and state resources you could provide this family with?

Joshua Smith

Joshua (DOB: 6/25/2015) is an 18-month-old child whom presents to the immunization clinic on 1/4/2017 with the following record:

DTaP/Polio/Hep B- 9/21/15
DTaP/Polio/Hib- 1/5/16; 5/20/16
Hep B- 6/26/15; 10/20/15
Hib- 9/21/15
PCV 13- 9/21/15; 1/5/16; 5/20/16
Rotavirus (Rotarix) - 9/21/15; 1/5/16

What vaccine(s) would be due today?

In reviewing the Hepatitis B schedule:
What is the minimum spacing between dose 1 and 3?
What is the minimum spacing between dose 2 and 3?
What is the minimum age for dose 3?
Has Joshua completed his Hepatitis B vaccine? Why or Why not?

Which DTaP containing combination vaccine would be appropriate to use at this visit? Why? Joshua's mom expresses concern about the number of vaccines he needs to receive today; what education could you provide to put her fears to rest? What important information should you make sure Joshua's family was provided with? (State law requires every patient receives this before getting a vaccine)

When would Joshua need to return? What vaccine(s) would he be due for? Would this be his last visit, if not when would he return again?

Mallory Nolan

Mallory (DOB: 2/19/2012) is a 4-year-old child whom presents to the immunization clinic on 1/31/2017 with the following record:

DTaP/Polio/Hep B- 4/16/12; 7/6/12
DTaP/Polio/Hib- 8/23/12
DTaP- 3/4/13; 6/24/14
Hep B- 2/19/12
Hib- 4/16/12; 7/6/12; 3/4/13
PCV 13- 4/16/12; 7/6/12, 8/23/12; 3/4/13
Rotavirus (RotaTeq) – 4/16/12; 7/6/12; 8/23/12
MMRV- 3/4/13
Hep A- 3/4/13
Flu- 3/4/13

What vaccine(s) would be due today?

What combination vaccines are available for kindergarten immunizations? Can any combination vaccines be used today? Why or Why not?

Mallory received Proquad (MMR/Varicella) at 1 year, is that dose considered valid? What adverse reaction would you need to be concerned about when administering Proquad as the first dose of MMR/Varicella to children 12-47 months of age?

What is the CDC's recommendation for the use of Proquad?

Today Mallory received an influenza vaccine, using the current influenza dose guide for children 6 months through 8 years determine if she would need an additional dose this flu season. If so, when would she need to return for that dose?

Kathy Weber

Kathy (DOB: 4/28/1960) is a 55-year-old female whom presents to the immunization clinic on 1/21/2016 with the following record:

TD- 10/15/2005
Hep B- 6/28/2012; 9/14/2013
Hep A- 11/21/2014

What vaccine(s) would be due today?

As you are reviewing the vaccinations Kathy is due for today you learn that she has a history of congestive heart failure and asthma. Based on the Advisory Council for Immunization Prevention (ACIP) adult pneumococcal vaccine recommendations should she receive a pneumococcal vaccine today? If so, which one? Will she need any additional doses of pneumococcal vaccine, if so when?

Kathy also tells you about a friend who had shingles a few weeks ago and she would like to get a shingles vaccine today, should you administer that vaccine? Why or why not? What education would you provide about that vaccine?

After reviewing the vaccinations she can receive today, Kathy is unsure about getting an influenza vaccine. She has read about people getting the flu after getting the vaccine. What information can you provide about the vaccine, the disease and the idea of the influenza vaccine causing "the flu"?

Omar Kelly

Omar (DOB: 10/26/1948) is a 68-year-old male whom presents to the immunization clinic on 11/15/2016 with the following record:

TD- 12/1/2001
TDaP- 1/21/2012
Hep B- 12/1/2001; 2/6/2002; 6/15/2003
Hep A- 12/1/2001; 6/15/2003
PPSV23- 10/2/2015
Flu- 10/158/2001; 11/2/2002; 9/12/2003; 1/6/2006

What vaccine(s) would be due today?

After reviewing Omar's record there is no documentation of him having received any MMR vaccine, should you offer that vaccine today? Why or why not?

Omar is also in need of an influenza vaccine today; which flu vaccine does the ACIP recommend for an adult his age? What education should you provide him about the recommended influenza vaccine?

During his visit you notice Omar's appearance is somewhat disheveled and he seems like he doesn't feel well. In conversation you find out that he recently lost his house to a fire and has been living out of his car, you also find out that he has not taken his prescribed medication for several days because he ran out and can't refill them. What community/state resources could you offer Omar?

Sexually Transmitted Disease/Infections

Please research and answer questions accordingly. You may look online or ask the respective personnel at the health department for guidance.

You are the nurse working the walk-in clinic at the health department. Emma Thomas is a 17-year-old female who is requesting to be tested for sexually transmitted diseases (STDs).

What questions will you ask Emma first?

You find out Emma's boyfriend is 21. What concerns do you have? What action, if any, will you take?

Can Emma be tested without parental consent?

You learn that Emma has had 3 partners in the last month and 5 in the last year. She is having some abnormal discharge that has lasted for two days and burning with urination. What STD testing is available to Emma based on the Missouri State Public Health Lab's criteria?

Does your facility offer additional testing options?

What would the cost (if any) be for her?

Emma decides to be tested for everything. Seven days later, she calls requesting her test results. What do you need to verify to be able to give her test results over the phone?

Emma tested positive for chlamydia and gonorrhea. She does not know very much about these diseases. What education can you give her about these?
How should she be treated?

Can she be treated without parental consent?

Approved 7/18/2019 MCPHN

Community Health Fair Case Study

Your office has been asked to participate in a community health fair. The health fair will be a large event with many different organizations participating. The organizers are expecting approximately 200 people to attend – families with children, adults and seniors. The organizers are not sure what they would like the health department to do – except to do some screening. The organizers mentioned they would like glucose, cholesterol, blood pressure, BMI and anything else that is available. The organizers would like this screening done without cost to the participants. The event is next month. There will be a planning meeting next week.

1. How would you decide if you can support this request?
2. What additional information would you need to support this request?
3. If you decide to support this event, how would you decide what type of educational materials you would be able to provide?
4. How would you determine if your department can support the screening request? If you do support the request, how would you get the results to the participants? What other screening tests may be available? How would you handle a symptomatic individual with a dangerously elevated BP?
5. How would you explain your decisions to screen or not to screen at the planning meeting to other participants?

Community Health Policy Development Case Study

A group of people in your community approach the Health Department about developing an ordinance to prohibit smoking in indoor spaces and outdoor spaces where children are present. There is no organized group at this time, just a group of people who are tired of breathing smoke at local restaurants and having people smoking around their children at the park. The Health Department has been gathering data about smoking in the county. The current reported rate of smoking in adults is 5% higher than the state rate. The local school districts have reported that a number of students smoke and keeping up with students' smoking is a discipline problem.

Your agency wants to become involved in this community effort.

1. What would be your first action to address this issue?
2. What are the steps to establish this type of ordinance?
3. Where would you look for assistance with addressing this issue?
4. How would you measure support for this type of ordinance in your county?
5. How would you identify those who oppose this type of ordinance in your county?
6. Who would you enlist to support this issue?
7. How long do you think this process will take?

Approved 7/18/2019 MCPHN

Student _____ Preceptor _____ Clinical Instructor _____ Dates Covered in Report _____

Sample Form Student Log of Clinical Hours

Each student is required to record hours spent on his/her community health experience. This is actual time spent – not projected time – and represents project-related work or other clinical experiences. Clinical hours do not include work on class assignments, which are to be completed outside of clinical time. Time spent by the student on the final report that is determined by the preceptor and submitted by the student at the end of the semester can be logged in as clinical time. Time spent in preceptor-student-instructor meetings can also be included as clinical time. The log should be submitted by email to both the preceptor and the student's instructor at the end of each week's clinical experience.

Clinical Hours Completed During Week with List of Activities *Sample:* *3 hours on Tuesday, Sept. 10 working on population assessment, doing windshield survey* *2 hours on Wednesday, Sept. 11 gathering web data about population from CDC web site* *3 hours on Thursday night, Sept. 12 at coalition meeting*
Running Total of Clinical Hours Completed to Date *Sample:* *Total = 19 hours* *Sept. 10 – 12 – 8 hours* *Sept. 16 – 20 – 5 hours* *Sept. 24 – 25 – 6 hours*
Signed: I verify the accuracy of the reported clinical hours listed above. Student __ (can be electronic and emailed) _____ Date _____

Weekly Journaling of Clinical Experiences

The purpose of the student's journal is to keep a record of your clinical experiences in Community Nursing. It should reflect progress on the assigned project and other activities, what you are learning, and what your clinical experience means to you. The journal is an excellent way to assess what you are doing, to articulate methods and goals you have developed, and to "think out loud". You are required to have at least one entry per clinical experience per week; you may add more if you choose. Journals should follow the prescribed format outlined below and represent reflective thinking and insightful evaluation of your own performance. It is not expected that you have perfect results, but instead, show that you have put in quality time during your clinical activities for the week.

Description of Your Work

A complete record of your activities, whether face-to-face nursing care, visiting a patient at home, working in the agency, preparing your project, etc. Try to remember everything that happens. Don't make any inferences; just write the facts. Reflect on the activities that you planned and accomplished, as well as activities that could not be accomplished.

Reaction to Your Experiences for The Week

- What are *your feelings and perceptions* about what happened during your clinical experience – about your behavior and the behavior of others? What are *you* learning?
- A discussion of your activities and why you chose the activities. How did you prioritize your activities for the day? Why did you choose one activity over another?
- An analysis of the progress you are making. Try to use anecdotal evidence, such as client or agency personnel statements or specific situations. Hint: Your reaction should in some way reflect your own learning and development, as well as the impact you have on your clients or your agency.

Future Goals and Plans for The Next Clinical Experience

While the past week is fresh in your mind, outline your goals for your next clinical experience based on what you feel you learned during the day or on any problems or needs that have surfaced. Remember, these goals include progress with your clinical project and various clinical experiences, as well as more personal, educational goals for yourself. Also, consider whether or not you reached the goals you set the previous week.

Synthesis of This Week's Experience

After each set of entries, before you turn in your journal, you should write a synthesis of what you learned from this and past clinical experiences. The synthesis critically evaluates not only what you have *done*, but what you have *learned* and how the various components of the course inform and illuminate one another. A synthesis means *critical thinking*.

Here are some things to think about when you write the synthesis section:

- Do you see the need for a shift or change in your original perceptions about your population, your agency, your clinical capabilities or other?
- How do concepts in class tie together with your clinical experiences?
- What else do you need to know?
- What skills do you need to learn or practice?

Questions for Your Preceptor

List questions you have for your preceptor. These may relate to your project work but may also include questions or concerns you have about your experience and/or public health work in general. Remember your preceptor is your resource to the work world of public health and you need to maximize your experience. If you have other questions for your instructor or issues that you want to share, email your instructor about your thoughts.

Email your weekly journal to your preceptor and clinical instructor at the end of each week. You will receive a maximum of 5 points for each journal. You may want to download and save the worksheet below to use each week.

Student _____ Dates for Clinical Experience _____ Preceptor _____ No. Clinical Hours Completed _____

Sample Forms - Weekly Journal

DESCRIPTION
REACTION
FUTURE GOALS
SYNTHESIS
QUESTIONS FOR YOUR PRECEPTOR

Sample Forms – Alternate Reflection Journal Questions

1. Describe the department in which you had your clinical experience.
2. What do you know about this topic/area of public health?
3. What did you think would happen/expectations?
4. What did happen?
5. How might you use this information in the future?
6. Any additional questions or thoughts?

Handbook Evaluation

Please help us evaluate this publication by responding to the following:

Briefly describe how you used this publication.

Do you have any suggestions for additional information or resources to include?

Do you have suggestions for anything that should be deleted?

Additional Comments.

Please fax to Missouri Department of Health & Senior Services, Martha Smith, Public Health Nursing Coordinator, at 573-751-5350 or e-mail to Martha.Smith@health.mo.gov.